



County of San Bernardino

F A S

CONTRACT TRANSMITTAL

FOR COUNTY USE ONLY

<input checked="" type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Vendor Code			SC	Dent. PHL	A	Contract Number			
County Department Public Health					Dept. PHL	Orgn. PHL	Contractor's License No.			
County Department Contract Representative Alexander Taylor					Telephone 388-5727		Total Amount \$100,000			
Contract Type <input type="checkbox"/> Revenue <input type="checkbox"/> Encumbered <input type="checkbox"/> Unencumbered <input type="checkbox"/> Other:										
If not encumbered or revenue contract type, provide reason:										
Commodity Code			Contract Start Date		Contract End Date		Original Amount		Amendment Amount	
Fund AAA	Dept. PHL	Organization 0807	Appr.	Obj/Rev Source 8710		GRC/PROJ/JOB No. 93380		Amount 100.000		
Fund	Dept.	Organization	Appr.	Obj/Rev Source		GRC/PROJ/JOB No.		Amount		
Fund	Dept.	Organization	Appr.	Obj/Rev Source		GRC/PROJ/JOB No.		Amount		
Project Name				Estimated Payment Total by Fiscal Year						
				FY	Amount	I/D	FY	Amount	I/D	

CONTRACTOR State Department of Health Services, Office of Family Planning

Federal ID No. or Social Security No. _____

Contractor's Representative Charles LaRosa, Chief

Address MS 8400, P.O. Box 997413, Sacramento, CA 95899-97413

Phone (916) 650-0514

Nature of Contract: *(Briefly describe the general terms of the contract)*

This is a grant agreement in the amount of \$300,000 for the period of November 1, 2003 through June 30, 2006, with the Department of Health Services, Office of Family Planning (OFP), for the Information and Education Program (I & E), to provide prevention and health education program activities that address the problems of teen and unintended pregnancies.

State Agreement Number: 03-75840

(Attach this transmittal to all contracts not prepared on the "Standard Contract" form.)

Approved as to Legal Form (sign in blue ink)

Reviewed as to Contract Compliance

Presented to BOS for Signature

►
County Counsel

►
Department Head

►
Department Head

Auditor/Controller-Recorder Use Only

<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By

Date _____

☐ **Contract Database** ☐ **FAS**

Keyed By